U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| | For Official Use Only |
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 6553 | 2. Fiscal Year Covered From: |
|---------------------------------------|--|
| | |
| | 1 / 1 / 04 Through: 12 / 31 / 04 |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name John Louth, Jr. | Name : |
| , | UA Plumbers & Pipefitters Local Union 9 |
| | Labor Organization File Number 032-933 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 42C Cottonwood Lane | Street 2 Iron Ore Road @ Route 33 |
| City Old Bridge, | City Englishtown |
| State NJ ZIP Code + 4 08857 | State NJ ZIP Code + 4 07726 |
| 5. Position in labor organization. | NJ ZIP Code + 4 07726 |
| Business Agent | |
| | |

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| <i>P</i> |
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| derived income or other economic benefit of on represent. |
| 7.a. Nature of Interest, Transaction, or Income. |
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| 7.b. Amount. |
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| |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John Las/Life

On <u>\$-3-05</u> <u>732-679-0\$29</u>
Date Telephone Number

orm LM-30 (2003)

Name of Person Filing File Number U-B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4

| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | | | | 14.a. Nature of payment. |
|--|-------------------------|--------------|-------|---------------------------------|
| Name Daniel Falasca, Inc. | | | | Christmas Gift, Honey Baked Ham |
| Trade Nar | ne, if any: | | | |
| P.O. Box, | Bldg., Room No., if any | | | |
| Street 3329 North Mill Road | | | | |
| City | Vineland | | | |
| State | NJ | ZIP Code + 4 | 08360 | |
| 13.b. Is the Business an Employer or Consultant ? | | | ? | 14.b. Amount of payment. |
| Yes | | | | \$61.95 |

12.b. Amount.